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ABSTRACT

This study was conducted to design an educational program for physician's assistant that would conform to the American Medical Association's essential requirements for the occupation and to determine the feasibility of establishing such a program at Pitt Technical Institute in North Carolina. The investigation covered selection procedures, curriculum, space and equipment, authorization to practice and to dispense drugs, reimbursement and employment, factors and resources necessary for program implementation, area to be served, candidate requirements and preceptorships, and expected results of the program. It was concluded that a fully accredited program could be offered by a community college or technical institute in North Carolina and should consist of a 24-month curriculum and nine months of pre-clinical courses. Further conclusions are offered relating to facility requirements, instructional and administrative staff, faculty qualifications, area to be served, and potential employment sites. Tables provide additional data concerning recommended budget, area population, area patient-physician ratio, and physician distribution. Appended materials include admission application and interview scoring forms and a list of prescription drugs which may be dispensed by physician's assistants. (NJ)

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OCCUPATIONAL EDUCATION RESEARCH PROJECT FINAL REPORT
Vocational Education Amendments of 1968 (Public Law 90-576)
(Title I - Part C - Sec. 131 [b])

A FEASIBILITY STUDY FOR A PHYSICIAN'S ASSISTANT PROGRAM

William P. Minette, Project Director

PITT TECHNICAL INSTITUTE

P. O. Drawer 7007

GREENVILLE, N. C.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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PREFACE

Standards for educational programs which prepare assistants to primary-care physicians were adopted by the American Medical Association's House of Delegates in December, 1971. Such standards were developed collaboratively by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Society of Internal Medicine. These organizations sponsor the Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician. The Committee is composed of three representatives from each of the sponsoring organizations and three physician's assistants.

Educational programs, meeting the minimum Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician, provide opportunities and resources that allow students to (1) acquire knowledge, skills, and values in selected functions and tasks within primary care and (2) perform, within selected competency levels, equal to that of physicians. The quality of personal health services is not compromised by virtue of the fact that the physician only delegates and the assistant to the primary care physician only assumes responsibility for the performance of functions or tasks in which he is competent.

The assistant to the primary care physician may be best understood within the context of the following statements adopted respectively by the AMA House of Delegates and the Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician:

> A physician assumes the role of a primary care physician when the patient depends on him for the initial access to and for the provision and overall management of his medical care. The same physician may not invariably continue in this role, but by referral, another physician may assume it. In any specific health matter, the particular physician who accepts a patient for primary care should assume continuing supervision of that care.
>
> This relationship may also be carried out by a group of physicians who function in a defined, responsible pattern of medical practice. In such a type of practice a single physician, however, should maintain an ongoing relationship with the patient, and should coordinate his care.
>
> The primary care physician is one whom the patient generally consults directly, and whose practice is characterized by a broad scope of medical services, including the management of acute problems, slowly progressive and chronic illness, preventive and emergency services, and personal and family counseling. It is also recognized that the primary care physician is often the one to whom a patient turns for counseling on personal life situations as well as with his concerns about illness or injury.
>
> It is in the common problems above, that the assistant to the primary care physician should receive basic preparation and skills.

INTRODUCTION

Physician's assistants have been classified by the National Academy of Sciences into three categories based upon the types of training they receive and the professional roles they may be expected to fill. These categories or types may be distinguished as follows: (1) Type A has extensive training in general medical theory and clinical practice, (2) Type B has extensive training in the theory and practice of one medical specialty, and (3) Type C has a narrowly circumscribed background in general medical practice. This study was designed to determine the feasibility of educating Type A physician's assistants.

The Type A physician's assistant is further described by the National Academy of Sciences as one who:

> is capable of approaching the patient, collecting historical and physical data, organizing these data and presenting them in such a way that the physician can visualize a medical problem and determine an appropriate diagnostic or therapeutic step. He is also capable of assisting the physician by performing diagnostic and therapeutic procedures and coordinating the roles of other more technical assistants. While he functions under the general supervision and responsibility of the physician, he might under special circumstances and under defined rules, perform without the immediate surveillance of the physician. He is thus distinguished by his ability to integrate and interpret findings on the basis of general medical knowledge and to exercise a degree of independent judgment.

On July 1, 1975, as a result of a contract with the Occupational Research Unit, North Carolina Department of Community Colleges, State Board of Education, a study was initiated by Pitt Technical Institute to prepare a model and a feasibility study for a Physician's Assistant Program. The project had been proposed in an overall effort to increase the extent and quality in delivery of health care to North Carolinians.

It was determined that any movement to establish and implement a curriculum to train physicians assistants must, necessarily, involve a high degree of intricate, sophisticated cooperation and articulation among many agencies, i.e., the institution offering the program; a medical school and its staff, library, and laboratory facilities, hospitals and other clinical facilities; and the accreditation arm of the Community College System, North Carolina Board of Medical Examiners, and the American Medical Association.

The specific objective of this project was to design a Physician's Assistant Program worthy of implementation and accreditation and a further objective was to determine whether or not such a program would be feasible within the Community College System.

OBJECTIVES

The objectives for this study, as included in the

contract, are as follows:

1. To determine what specific agencies, institutions, committees, boards, organizations, or other groups should join together to cooperatively facilitate the completion of a feasibility study which will assess the practicality of implementing a physicians assistant curriculum at the applying two-year post-secondary institution.

2. To determine, by research, what specific factors and resources (personnel, facilities, programs, finances, etc.) would be necessary for the adequate implementation of a physicians assistant program at the aforementioned institution.

3. To determine, by a survey of all the indentified local agencies, institutions, and organizations, the extent to which the needed factors and resources are currently available or soon to be available in the community under study.

4. To determine which of the identified agencies and institutions can or could supply which of the needed components necessary for the proposed program.

5. To analyze the most efficient combination(s) of cooperative contribution of needed resources by the identified agencies and to use the data from this analysis as the basis for constructing the model plan or inter-agency articulation.

6. To construct a Model of Inter-Agency Articulation which demonstrates the most efficient combination and sharing of personnel, facilities, and other resources of these agencies for the maximal attainment of quality program implementation when such a step is eventually taken.

7. Utilizing the cooperative, articulated efforts of these agencies, institutions, and groups to complete a feasibility study (based on the above-assembled data) the purpose of which is to determine the relative practicality of implementing a physicians assistant program at the applicant institution in the near future.

METHODOLOGY

The Project Director's initial effort was to personally contact representatives of the American Academy of Physician's Assistants Programs, the American Medical Association, the National Institute of Health, the North Carolina Board of Medical Examiners, and various members of the East Carolina University School of Medicine, Eastern Area Health Education, Pitt Memorial Hospital, and Pitt Technical Institute Staff and Faculty.

Duke University, Durham, North Carolina, Bowman Gray School of Medicine, Winston-Salem, North Carolina and the Foothill College/Stanford University Medical Center, Las Altos Hills, California, were then visited to gain first hand information regarding their Physician's Assistants Programs.

Curriculum programs from the following institutions were obtained for review by the Project Director:

Albany-Hudson Valley PA Program
Hudson Valley/Albany Medical College
Albany, New York

Essex Community College
Baltimore, Maryland

Medical College of Georgia
Augusta, Georgia

Northeastern University
Boston, Massachusetts

Marshfield Medical Foundation
University of Wisconsin
Marshfield, Wisconsin

Western Michigan University
Kalamazoo, Michigan

Indiana University School of Medicine
Fort Wayne, Indiana

University of Kentucky
Lexington, Kentucky

The University of Oklahoma
Oklahoma City, Oklahoma

Santa Fe Community College/College of Medicine
University of Florida
Gainsville, Florida

Yale University School of Medicine
New Haven, Connecticut

U. S. Public Health Service Hospital
Staten Island, New York

As the project progressed, the President of Pitt Technical Institute appointed an initial Advisory Committee consisting of the following members.

Mr. Bruce Beasley
Mid-East Commission
Washington, N. C.

Dr. Edward B. Bright
Dean of Instruction
Pitt Technical Institute

Mrs. Barbara Clark
Director of Library Resource Center
Pitt Technical Institute

Mrs. Jack Dail
(Lay Person, National Commission of Certification
of Physician's Assistants)
Route 1 Box 206
Winterville, N. C.

Mr. R. E. Davenport, Jr.
(Member, Board of Trustees, PTI)
Farmville, N. C.

Dr. Elliott J. Dixon (Family Practice)
(Dixon Medical Center)
Ayden, N. C.

Dr. Edgar S. Douglas, Jr. (Gynecology and Obstetrics)
(Drs. Clement, Deyton and Douglas)
Greenville, N. C.

Mr. Joseph E. Downing
Assistant Dean of Instruction for Curricular Programs
Pitt Technical Institute

Mr. Hugh T. Hardee, Jr.
(Farmer/Tobacconist)
Greenville, N. C.

Dr. D. H. Hayek, Assistant Dean
ECU School of Medicine
Greenville, N. C.

Mr. Stephen L. Joyner, PA (Family Practice)
(Dixon Medical Center)
Treas., National Commission on Certification of
Physician's Assistants
This Commission tests and certifies all PAs.
Ayden, N. C.

Mr. Albert V. Lewis, Jr. (Engineer)
(McDavid Associates, Inc.)
Farmville, N. C.

Mr. George S. McRorie
Dean of Students
Pitt Technical Institute
Greenville, N. C.

Mr. Lamont D. Nottingham
Eastern Area Health Education Center
Greenville, N. C.

Dr. Michael C. Ramsdell (Internal Medicine)
(Drs. Tucker, Fore, Ramsdell, and Newton)
Greenville, N. C.

Mr. Jack Richardson, Administrator
Pitt Memorial Hospital
Greenville, N. C.

Dr. William E. Fulford, President
Pitt Technical Institute
Ex officio Member

Mr. William P. Minette, Project Director PA Program
Pitt Technical Institute
Ex officio Member

This committee met in early August, 1975 and expressed a desire to enlarge the Advisory Committee to reflect membership (on a regional basis) from throughout Eastern North Carolina. As a result of this recommendation, the following individuals were added to the committee:

Dr. Lawrence M. Cutchin
Edgecombe General Hospital
Tarboro, N. C.

Dr. Arthur S. Chesson, Jr.
2400 Wayne Memorial Dr.
Goldsboro, N. C.

Dr. Charles D. Hunsinger
707 Professional Dr.
New Bern, N. C.

Mr. Craig Bruno, PA
Drs. Furguson and Papeneau
Plymouth, N. C.

Mr. Gary M. Trube, PA
Chowan Hospital
Virginia Road
Edenton, N. C.

Mr. Dewey M. Lovelace, Executive Director
Health Sciences Foundation, Inc.
2131 S. 17 Street
Wilmington, N. C.

Ms. Donna Schafer, NP
ECU School of Nursing
Greenville, N. C.

Mr. Roger G. Worthington, Director Program Development
Department of Community Colleges
North Carolina State Board of Education
Raleigh, N. C.
(Ex officio Member)

As the full Advisory Committee began to function, with consent of the membership, sub-committees were formed with the designated Chairperson and Vice Chairperson as follows:

COMMITTEES

Admission-policies and procedures

Chairperson - Dr. Michael C. Ramsdell
Vice Chairperson - Mr. Craig Bruno, PA
Mrs. Jack Dail
Mr. R. E. Davenport, Jr.
Mr. Joseph E. Downing
Mr. George S. McRorie

Curriculum

Chairperson - Dr. Edgar S. Douglas, Jr.
Vice Chairperson - Mr. Steve L. Joyner, PA
Dr. Edward B. Bright
Dr. Lawrence M. Cutchin
Dr. Charles D. Hunsinger
Mr. Dewey M. Lovelace

First year-Space and Equipment Requirements

Chairperson - Dr. Elliott J. Dixon
Vice Chairperson - Mr. Gary M. Trube, PA
Dr. Arthur S. Chesson, Jr.
Mrs. Barbara Clark
Mr. Hugh T. Hardee, Jr.
Mr. Albert V. Lewis, Jr.

Second year-Resource Facilities and Requirements

Chairperson - Dr. D. H. Hayek
Vice Chairperson - Mr. Lamont D. Nottingham
Mr. Bruce Beasley
Mr. Jack Richardson
Ms. Donna Schafer, NP

The sub-committees met periodically until each committee completed their recommendations. Each sub-committee had access to information regarding the Physician's Assistants Programs offered by the various institutions.

Additional data for this study were obtained by the Project Director through personal contacts and surveys and are included in this feasibility study.

REPORT OF THE ADMISSION POLICIES AND PROCEDURES COMMITTEE

The Admission Policies and Procedures Committee, chaired by Dr. Michael Ramsdell, made the following recommendations:

(A) Admission's Committee Membership

Dr. Michael Ramsdell
1705 W. 6th St.
Greenville, N. C. 27834

Mr. Craig Bruno, PA
Drs. Furguson and Papeneau
Plymouth, N. C. 27962

Mrs. Jack Dail
Rt. 1 Box 206
Winterville, N. C. 28590

Mr. R. E. Davenport, Jr.
607 E. Wilson St.
Farmville, N. C. 27828

Mr. Joseph E. Downing
Assistant Dean of Instruction for Curricular Programs
Pitt Technical Institute

Dr. Joe Gill
1202 Carolina Ve.
Elizabeth City, N. C. 27909

Mr. George McRorie
Dean of Students
Pitt Technical Institute

(B) Preferential Ranking of Recruitment Sources for a Physician's Assistant Program to be:

1. Discharged independent-duty medical corpsman

2. Discharged medical corpsman

3. College graduate with health-related major other than pre-medical

4. RN with diploma of AA

5. RN with B.S. degree in nursing

6. College graduate with pre-medical not attending nor planning to attend medical school

7. High school graduate

8. College graduate with a non-health-related major

9. Practical nurse

10. Allied health professional (e.g., inhalation therapist)

(C) A recommended application form, to be used by the Admissions Committee for physicians assistants candidates, is attached as Appendix I.

(D) The physician assistant candidate selection procedures are to be as follows:

(1) SELECTION PROCEDURES

The protocol for selection has been divided into two phases:

(a) Initial screening, based upon application materials each applicant is required to submit.

(b) Personal interviews and testing of applicants selected through the initial screening.

Quantitative scales have been developed and points

assigned for both phases, with a possible total combined score of 97. Applicants with the highest scores in Phase I are selected for consideration in Phase II. Candidates completing Phase II are then rank-ordered on the basis of final scores and those with the highest scores are selected for admission.

Phase I: Initial Screening of Applications

All applicants will be required to submit: (a) a completed application form, (b) three to five references from persons with whom they have worked in a medical setting, (c) transcripts from all schools they have attended, and (d) scores from the Scholastic Aptitude Test for those candidates who have not received a baccalaureate degree by the summer preceding the program for which they are applying. These materials provide information upon which to evaluate three factors that are given equal weight in the initial screening:

(1) The applicant's education
(2) The applicant's previous medical experience
(3) The applicant's personal attributes

Each of these factors will be assigned a maximum of twelve possible points and is analyzed as follows:

(1) Education

The applicant's educational background (as described on the application form and verified by transcripts from the relevant institutions) will be rated using the scale as follows:

Educational Background	Points
BA or BS in health field	12
BA or BS-Science majors	10
BA or BS unrelated	9
RN Diploma or AS in Nursing, corpsman media	7
AS-health related, including resp. therapy and radiologic therapy	6
AS or more than 2 yrs of college, including science majors, dental hygienists, mental health techs, and med. techs.	4
2 yrs. of college-no-degree-LPN	2

For example, an applicant who has completed an associate-degree nursing program would receive a "7" on education; an applicant with a B.A. in English a "9".

All applicants who are not college graduates will be asked to take the Scholastic Aptitude Test to assess the value of these scores as one measure of ability to meet the academic requirements of the program.

(2) Previous Medical Experience

The applicant's previous medical experience is to be assessed according to three different factors:

1. The type of experience, i.e., the role(s) and functions that the applicant has served
2. The setting in which the experience was obtained
3. Length of medical experience

The 12-point scale for this factor was developed giving equal weight to each of these three aspects of experience and is as follows:

Type	Points
Diversified RN or PT	4
Corpsman, Inhalation Therapy, OT, LPN	3
Surg. Tech., social work, administration, Psych. aide, orderly, etc.	2
Med. Tech., x-ray, lab., etc.	1
Setting	
Ambulatory care, independent duty	4
Hospital-based	3
X-ray or other specialized clinics	2
Lab.	1
Length	
5 years or more	4
2-5 years	3
1-2 years	2
less than 1 year	1

For example, a corpsman with 11 years of experience who has served on independent duty would receive an "11" on medical experience, an inhalation therapist working throughout a general hospital with 4 years of experience would receive a "9", etc. The scale reflects the relative value of different types of medical care experience as preparation for training as a physician assistant. Information provided in the application and in references will be used in assessing the extent and nature of previous experience.

(3) Personal Attributes

Six personal qualities have been selected as being

particularly important to successful functioning as a physician's assistant:

1. Reliability
2. Judgment
3. Knowledge of limitations
4. Proficiency at work
5. Motivation
6. Ability to work with people

Reference forms that each applicant must submit specifically request an assessment of these qualities and provide the basis for evaluating each factor, using the following scale:

Outstanding	2
Adequate	1
No mention	0
Poor	-1
Totally inadequate	-2

An applicant who received an excellent evaluation on each of these factors from several different references would receive a "12" on personal attributes; a person who was considered very capable and motivated but who occasionally overstepped the limits of his position and had difficulty accepting supervision would receive a "6", etc.

A final score for Phase I is obtained on each applicant by adding the scores fron "education", "previous medical experience", and "personal attributes"; the maximum score is thus 36 points. The Phase I score provides the basis for selecting

applicants to be interviewed in Phase II. Approximately twice as many applicants should be interviewed as there are places available in the program.

Phase II: Interview and Final Selection of Students

Two factors should be used as a basis for selecting students from among the candidates who pass the Phase I screening process:

1. A personal interview
2. The Wonderlic Personnel Test, an applied intelligence test, administered on the day of the interview

Of the 61 points that have been assigned to Phase II in the 97 point selection scale, the interview can contribute a maximum of 36 points, and the Wonderlic 25 points.

A description of each of these factors and the procedures used in evaluating candidates follow:

1. Personal Interview

Each candidate should be interviewed individually and successively by at least two (2) of the interviewers who evaluate the candidates on the following factors:

1. Ability to organize ideas and express self
2. Program expectations
3. Adaptability to new situations
4. Ability to relate to others
5. Motivation
6. Credibility

Each factor is rated according to the following scale:

3 = outstanding
2 = good
1 = fair
0 = unsatisfactory

A candidate could also be rated between two points on the scale (e.g., 1.5, 2.3, etc.).

In developing a final interview score for a candidate, an average of the interviewers' scores is calculated for each of the six factors. These scores are then averaged and the result multiplied by 2 to obtain a final value for the interview. The highest possible score for the interview is 36 points.

Interviewers should include representatives from Pitt Technical Institute, clinical affiliates, and program administration. Included among each group should be at least one primary care practitioner, one surgeon, one psychiatrist, and one internist. Interviewers first score each candidate independently; candidates are then discussed by the group as a whole, and a second rating on each candidate is obtained. An Interviewer Scoring Form is included as Appendix II.

2. Wonderlic Personnel Test

This test consists of fifty questions. Persons taking the test are instructed to complete as many items as possible within a twelve minute time limit. The test is scored by tabulat-

ing the number of correct answers. This test has been nationally validated and does not appear to be culturally biased. It also allows additional points for age.

3. Final Selection

The points obtained from Phase I screening, the personal interview, and the Wonderlic Personnel Test are added to provide a final evaluation score for each candidate. The candidates are then ranked for selection according to their final scores.

A sample Interviewing Scoring Form is contained in Appendix II to this feasibility study.

REPORT OF THE CURRICULUM AND SECOND YEAR COMMITTEES

The membership of the first year Physician's Assistants Curriculum Committee together with the Second Year Committee is as follows:

CURRICULUM COMMITTEE

Dr. Edgar S. Douglas, Jr.
1705 W. 5th St.
Greenville, N. C. 27834

Mr. Steve Joyner, PA
c/o Dixon Medical Center
Ayden, N. C. 28513

Dr. Edward B. Bright
Dean of Instruction
Pitt Technical Institute

Dr. Lawrence M. Cutchin
Edgecombe General Hospital
Tarboro, N. C. 27886

Dr. Charles D. Hunsinger
707 Professional Dr.
New Bern, N. C. 28560

Mr. Dewey M. Lovelace
Health Sciences Foundation, Inc.
2131 S. 17 St.
Wilmington, N. C. 28401

SECOND YEAR COMMITTEE

Dr. D. H. Hayek
3008 Fern Dr.
Greenville, N. C. 27834

Mr. Monty Nottingham
P. O. Box 3157
Greenville, N. C. 27834

Mr. Bruce Beasley
Ridgewood
Washington, N. C. 27889

Mr. Jack Richardson
c/o Pitt Memorial Hospital
Greenville, N. C. 27834

Ms. Donna Schafer
ECU School of Nursing
Greenville, N. C. 27834

The committees jointly recommended that the Physician's Assistants Program Curriculum consist of twenty-four consecutive months and be developed to provide all candidates with an in-depth understanding of the medical sciences and their application to a clinical discipline. The program should consist of nine months pre-clinical courses in basic medical sciences followed by fifteen months of clinical work.

PRE-CLINICAL CURRICULUM

Basic human anatomy

Basic human physiology

Basic clinical chemistry

Laboratory procedures

Clinical medicine and patient evaluation including human interaction

Introductory pharmacology

Introductory microbiology

Human pathology

Introductory radiology

Experimental surgery

Clinical medicine and patient evaluation II including electrocardiography

CLINICAL CURRICULUM

General inpatient service - eight weeks

General outpatient/emergency service - eight weeks

Primary care medicine - ten weeks

Students would also be required to complete forty weeks of elective clinical experience in family practice, internal medicine, pediatrics, surgery, and obstetrics and gynecology. Additional sources, i.e., human sexuality, death and dying, community resources, and counseling should also be included in the curriculum.

The above courses should be further described for accreditation purposes by the North Carolina Department of Community Colleges, North Carolina State Board of Education, as follows:

QUARTER/COURSES	Hours Per Week Class	Lab	S.I.T. & Clinical	Quarter Hours Credit
FIRST QUARTER:				
MED 101 Basic Sciences and Clinical Problems I			18	6
MED 106 Psychobiology	2			2
MED 107 Human Growth and Development	5			5
MED 108 Human Sexuality	2			2
				15

QUARTER/COURSES	Hours Per Week Class	Lab	S.I.T. & Clinical	Quarter Hours Credit
SECOND QUARTER:				
MED 102 Basic Sciences and Clinical Problems II			18	6
MED 104 Clinical Pathology Lab I		6		3
MED 109 Interviewing and Counseling	3			3
MED 110 Death and Dying	2			2
				14
THIRD QUARTER:				
MED 105 Clinical Pathology Lab II		6		3
MED 111 Multisystem Diseases	3			3
MED 112 Community Resources and Epidemiology	3			3
MED 113 Emergency Medicine	3			3
MED 103 Basic Sciences and Clinical Problems III			15	5
				17
FOURTH QUARTER:				
MED 120 Physician Assistant Clinical Practice I			27	9
MED 124 Physician Assistant Seminar I	3			3
				12
FIFTH QUARTER:				
MED 121 Physician Assistant Clinical Practice II			27	9
MED 125 Physician Assistant Seminar II	3			3
				12
SIXTH QUARTER:				
MED 122 Physician Assistant Clinical Practice III			27	9
MED 126 Physician Assistant Seminar III	3			3
				12

QUARTER/COURSES	Hours Per Week Class	Lab	S.I.T. & Clinical	Quarter Hours Credit
SEVENTH QUARTER:				
MED 123 Physician Assistant Clinical Practice IV			27	9
MED 127 Physician Assistant Seminar IV	3			3
EIGHTH QUARTER:				
MED 130 Physician Assistant Preceptorship			40	4

General Education Requirements

In order to qualify for the Associate in Applied Science Degree, students are required to meet the following minimum general education requirements (either by satisfactory course completion or proficiency) at the two-year college level:

Courses	Quarter Hours Credit
English/Communications Skills	12
Social/Political Science	6
Mathematics	5
	23

Total Credit Hours Required for Graduation: 121

A general description of the basic medical science courses and the clinical requirements are included below:

Basic human anatomy - A lecture-laboratory discussion course that examines human morphology and the fundamental relationships among the neurologic, musculo-skeletal, cardiovascular, gastro-intestinal, respiratory, renal, and reproductive systems.

Basic human physiology - A lecture-demonstration course in which the functions of major organ and tissue systems and their contributions to total body homeostasis in health and disease are discussed. The interpretation of laboratory findings in view of known physiological parameters and the communication, using appropriate terminology, of these findings to physicians and other health care professionals as well as to the patient and his family is stressed.

Basic clinical chemistry - An introduction to physiological chemistry including normal human metabolism and its control and the alterations of normal metabolism induced by disease or stress. Students are taught to correlate laboratory findings with the cellular metabolic events taking place and to communicate the normal and abnormal phenomena to physicians, nurses, and other health personnel using appropriate terminology, and to explain common situations to patients. By studying the metabolic control and disease alterations, the student is able to suggest appropriate measures to further delineate the problem and to provide

a therapeutic approach.

Laboratory procedures - Principles of microscopy, colorimetry, analytical measurements, and spectrophotometry are presented. Students develop skills for performing routine hematologic and urinary analytic procedures. Discussion and lectures are concerned with physiologic derangements best examined by these techniques.

Clinical medicine and patient evaluation - A didactic lecture course taken concurrently with Patient Evaluation. The major problems which patients present and the use of a data base (histroical information, physical examination, laboratory parameters) relating to these problems enabling the student to extract a problem list are discussed. Detailed information about the more important aspects of disease states prevalent in the United States causing the demand for health service and the characteristics of both the normal and abnormal disease states are examined. Students meet in groups of four with one instructor for bedside experience in the techniques of obtaining meaningful health histories

and performing through physical examinations. Students are taught to record patient data using the format of a problem oriented medical record and then to present such information orally to the supervising physician.

Introductory pharmacology - A lecture-seminar course developed to acquaint the student with the relationship between drugs and living systems. Chemotherapeutic agents are classified and studied in groups with the emphasis placed on understanding the functions and characteristics of commonly used prescription drugs.

Introductory microbiology - An introduction to diagnostic microbiology covering such topics as microbial morphology, staining characteristics, growth requirements, diagnostic tests, and antibiotic susceptibility testing. The clinical aspects of such subjects as pyogenic cocci, gram-negative sepsis and nosocomial infection, meningitis, veneral disease, enteric infection, anaerobic pathogens, tuberculosis, mycotic diseases, viral infections, and the use of antibiotics are also included.

Human pathology - The general categories of disease processes are presented through specific diseases of organs. Diseases are selected for presentation because they epitomize individual etiologic categories, and/or because they occur so commonly in the general patient population that it is important for the student to understand how the abnormal processes are translated into clinical events.

Introductory radiology - A review of roentgen anatomy and an introduction to the uses of radiology in the care of patients. Students learn the basic clinical concepts and develop skills in performing basic scanning and routine radiographs.

Community health sciences - A description of the development of key ideas concerning modern scientific medicine and broad social questions regarding the medical profession. Topics include: the social roles of patients as well as physicians, the public image of medicine, the impact of various historical epochs such as the industrial revolution, and changing attitudes toward poverty

and welfare are presented. The various systems for the delivery of health care, the nature and implications of pending health care legislation, health care cost and payment mechanisms, and types and extent of health care services provided by both public and private agencies are examined. In addition, there would be discussions of the social and cultural aspects of health, dealing with the terminally ill, euthanasia, genetic engineering and human subject experimentation. Epidemiology and statistical principles are also included.

Primary care medicine - A ten week clinical experience in association with a community-based practitioner to acquaint the student with those aspects of the practice of medicine unique to the community setting. In the hospital the student makes rounds with the physician and assists him in fulfilling his inpatient responsibilities. In the office, the student learns about management procedures in a private practice and helps the physician by providing services consonant with his individual background and clinical training.

Inpatient medicine - An eight week fulltime required clinical rotation in which the student learns to apply his basic medical knowledge to the problems and situations encountered on an inpatient service. By collecting a data base, formulating a complete problem list, participating in daily rounds, participating in the management of patient problems, the student develops an awareness and understanding of the multiple aspects of disease processes and becomes familiar with therapeutic regimen and dispositions relative to specific disease states. The student will present the data base of each new patient to the supervising physician or attending rounding physician in a coherrent, concise fashion.

Outpatient medicine - An eight week fulltime required clinical rotation in which the student learns to apply his basic medical knowledge to the common problems and situations encountered on an outpatient emergency service. The student assists the staff by taking histories, completing physical examinations, initiating emergency care consistent with triage findings reviewed by the

resident staff, performing routine diagnostic laboratory studies, and arranging for and tabulating data from other diagnostic studies.

REPORT OF THE FIRST YEAR SPACE AND EQUIPMENT COMMITTEE

The membership of the First Year Space and Equipment Committee included:

COMMITTEE MEMBERSHIP

Dr. Elliott Dixon
c/o Dixon Medical Center
Ayden, N. C. 28513

Mr. Gary Trube, PA
Chowan Hospital
Virginia Road
Edenton, N. C. 27932

Dr. Arthur S. Chesson, Jr.
2400 Wayne Memorial Dr.
Goldsboro, N. C. 27530

Mrs. Barbara Clark
Director of Library Resource Center
Pitt Technical Institute

Mr. Hugh T. Hardee, Jr.
Rt. 3 Box 233
Greenville, N. C. 27834

Mr. Albert V. Lewis, Jr.
120 N. Main St.
Farmville, N. C. 27828

Based upon an anticipated enrollment of ten (10) Physician Assistant students the first year and twenty (20) students each year thereafter, the committee made the following recommendations:

Classroom #1: Room should be of sufficient size to accommodate twenty(20) students.

Equipment

20 - Desks and chairs
Lecture podium and desk
3 - Black boards
Classroom audiovisual equipment

Classroom #2: This room would be used by students learning examination skills, physical examination lectures and other technical skills. Further, due to the fact the class would utilize this classroom on a group basis, the equipment recommended should serve ten (10) students at one time.

Equipment

5 - Examining tables/beds
2 - EKG machines
Demonstration models, skeletons, etc.
Resusci Annes

NOTE: Students would be required to purchase their own stethoscopes, otoscopes, blood pressure cuff, reflex hammer, tuning fork and tape measure.

Classroom #3: This classroom would be used as a clinical laboratory equipped for basic laboratory tests on a basis of ten (10) students per group.

Equipment

5 - Microscopes
Basic urinalysis test equipment
1 - Centrifuges
Test tubes
Dipsticks
Sugar and acetone test tablets
Glass slides
Basic hematology equipment

5 - Hemocytometer
5 - Bunsen burners
Pipettes
5 - Hematocrit centrifuge
5 - Wright-Giemsa Stain Sets
Streaking equipment
3 - Types of disposable plates
5 - Incubators
Adequate sinks, counters and plumbing with hot and cold water

NOTE: Several items listed above would be considered expendable.

AUDIOVISUAL EQUIPMENT NEEDS FOR THE PHYSICIAN'S ASSISTANT PROGRAM

The following audiovisual equipment estimate is based upon a facility to include classrooms, laboratories, and a learning resources center to include:

(1) a multi-media collection of learning materials (audiovisual materials, books, journals, etc.);

(2) adequate storage areas appropriately equipped and furnished for the materials and equipment; and

(3) professional and non-professional staff for the learning resources center to provide the services necessary to effectively utilize the equipment and materials proposed.

AUDIOVISUAL EQUIPMENT

FOR EACH CLASSROOM:

Quantity	Item Description
1	16mm Motion Picture Projector, with sound (Bell and Howell 1590)
1	Sound Filmstrip Projector with Synchronization of Sound with Pre-recorded Cassette (Dukane 28 A 15CA)

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Quantity	Item Description
1	Automatic Slide Projector to handle 80 slides or more, with zoom lens, automatic focusing; one slide tray (EKTAGRAPHIC AV-AV340ZH)
1	Cassette Tape Recorder/Player/ synchronizer for slide change and program stop (HITACHI AVA-1200)
1	Overhead Projector for classroom use, upright, lightweight, with roller attachment (BESELER VGC 612C)
1	Projection Screen, matte white, 70 x 70 - wall mounted (DA-LITE B-V3)
3	All steel, mobile equipment stands, 42 h (BRETFORD 42 E)

FOR INDIVIDUAL AND SMALL GROUP USE IN LEARNING RESOURCES CENTER:

Quantity	Item Description
5	Sound Filmstrip Viewer, cassette, with built-in rear projection screen (SINGER AUTO VANCE III)
5	Slide Projector/Playback Unit, with built-in rear projection screen (SINGER CARAMATE)
5	Cassette Recorder/Player/ Synchronizer for slide change and program stop (HITACHI AVA - 1200)
1	Super 8mm Projector with sound (EUMIG S-802)

Quantity	Item Description
3	Listening Center Kits (TELEX 610-6)
2	Rear Projection Preview Unit (WILSON MOVIE MOVER RP II)

FOR CLASSROOM AND LEARNING RESOURCES CENTER USE:

Quantity	Item Description
1	Transparency Maker, heavy duty, rotary bed (3M Model 45DG)
2	Video Tape Recorder/Player, open reel, color, 1/2 video tape recorder with editing feature (PANASONIC NV-3130)
1	Color Video Camera with electronic viewfinder, tally light, and intercom (SONY DXC 1200)
1	Cam Link Head for Video Camera (QUICK-SET 4-72300-3)
1	Elevator Tripod for Video Camera (QUICK-SET 4-73010-7)
1	Tripod Dolly for Video Camera (QUICK-SET 4-76010-4)
1	Studio Lighting Kit, heavy-duty (STRAND KIT V)
4	Color Video Monitor/Receiver, 19 (PANASONIC CT911V)

PHYSICIAN'S ASSISTANT ADVISORY COMMITTEE RECOMMENDATIONS

After each sub-committee completed their recommendations, the full Physician's Assistant Advisory Committee made the following recommendations:

It is recommended, providing program funds are available, to continue with the following timetable for a Physician's Assistants Program at Pitt Technical Institute, Greenville, North Carolina:

a. Complete and publish the feasibility study by June 30, 1976.

b. Proceed with program implementation, to include curriculum development, and the employment of a physician's assistant as the Program Director and Assistant Medical Director during Fiscal Year 1976-1977.

c. Employment of a medical doctor as the Medical Director of the Physician's Assistants Program and the acceptance of ten students during Fiscal Year 1977-1978.

d. To increase the number of students during the Fall of 1978 to a maximum of twenty students and each year thereafter.

PHYSICIAN'S ASSISTANTS AUTHORIZATION TO PRACTICE BY

NORTH CAROLINA BOARD OF MEDICAL EXAMINERS

North Carolina Physician's Assistants are authorized to practice by the North Carolina Board of Medical Examiners; the only candidates to be considered are those who have completed a prescribed course of study, accredited by the American Medical Association. In addition, the Board requires all physician's assistants to be supervised; physicians must provide backup in the following ways:

1. Continuous availability of direct communications by radio, telephone or telecommunications.
2. The backup physician shall be available on a regularly scheduled basis for:
   a. Referrals
   b. Review of their practice between conferences incorporating:
      1) Consultation
      2) Chart review and co-signing records to document accountability.
         a) Daily chart review except for situations that might be given individual consideration.
         b) Prescribing within that practice setting, standing orders and drug protocol for interval between conferences to be part of this regular review and documentation.
      3) Continuing education.

3. A predetermined plan for emergency services.

PHYSICIAN'S ASSISTANTS AUTHORIZATION TO DISPENSE DRUGS

NORTH CAROLINA BOARD OF PHARMACY

Physician's Assistants are permitted to prescribe and dispense drugs under the pharmacy laws and regulations promulgated by the North Carolina Board of Pharmacy. A list of prescription drugs that may be prescribed by Physician's Assistants is included in Appendix III.

REIMBURSEMENT AND EMPLOYMENT OF PHYSICIAN'S ASSISTANTS

Physician's Assistants are usually employed by a Physician, county health unit, clinic, hospital or industry; they are employed generally on a salary basis.

However, as in the case of Medicare claims, it is reported that the physician's assistants services are billed to the patient on a fee based method of 80 percent. For example, if the charge for an office visit rendered by the supervising physician is $10, the rate for a Physician's Assistant would be $8.00. In the case of Medicare reimbursement, if the reasonable charge for a covered office visit rendered by the supervising physician is $10 and the payment is $8, under the "80 percent" rate the reasonable charge for a similar service rendered by a Physician would be $8 and the Medicare payment would be $6.40 after the deductible is met.

According to officials of the Duke University and Bowman Gray Physician's Assistants Programs, the demand for graduates is strong. Further, at a National Convention of Physician's Assistants in Atlanta, posted job openings numbered in excess of fifty.

FACTORS AND RESOURCES NECESSARY FOR THE IMPLEMENTATION OF A PHYSICIAN'S ASSISTANT PROGRAM

The following resources are based upon enrolling in an institution twenty (20) first year and twenty (20) second year students, or a total of forty (40) students.

All students would participate in the program for a period of twenty-four consecutive months approximately forty (40) hours per week.

ADMINISTRATIVE STAFF

MEDICAL DIRECTOR

The Medical Director would provide competent medical direction for the clinical instruction and for clinical relationships with other educational programs. He should have the understanding and support of practicing physicians. The Medical Director should be a physician experienced in the delivery of Primary Health Services.

PROGRAM DIRECTOR

The Program Director should be responsible for the organization, administration, periodic review, continued development, and general effectiveness of the program. The Program Director should meet the requirements specified by the institution providing the didactic portion of the educational program.

ADMINISTRATIVE ASSISTANT/FIELD REPRESENTATIVE

The Administrative Assistant would be responsible to the Medical Director and Program Director for all program administrative matters. In addition, the individual would assist in the development of appropriate affiliation agreements and preceptorships.

RECORDS--LIBRARIAN-MINI-MEDIA

The records/media position would be responsible for the physician's assistants candidates, daily unit records as well as the medical library and the mini-media facility.

SECRETARY

The secretary would be responsible for the secretarial duties of the Physician's Assistant Program.

FACULTY-INSTRUCTIONAL

The faculty must be qualified, through academic preparation and experience, to teach the subjects assigned.

The faculty for the clinical portion of the educational program must include physicians who are involved in the provision of patient care services. Because of the unique characteristics of the assistant to the primary care physician, it is necessary that the preponderance of clinical teaching be conducted by practicing physicians.

The total faculty (instructional) costs can not be

determined at this time, until the curriculum is fully developed. Curriculum development has been included in the timetable by the Physician Assistant Advisory Committee during the period July 1, 1976 to June 30, 1977.

However, many faculty members would be employed on a part-time basis only; several instructors could be obtained from the sponsoring institution. Traditionally, teaching hospital department chairmen, do not receive reimbursement for their services to teach and supervise physician assistant candidates during their clinical experiences. Primary care physicians do not receive reimbursement for the preceptorships.

Administrative housing, equipment and supplies, including classroom, laboratory and audio visual should be furnished by the sponsoring institution.

In most instances, the sponsoring institution would not have to provide additional expenditures to offer the Physician's Assistant Program, providing the institution had such curriculums as the LPN or RN programs.

A recommended administrative budget to support a Physician's Assistants Program is contained in Table I.

TABLE I

RECOMMENDED ANNUAL BUDGET

PHYSICIAN'S ASSISTANT PROGRAM

	Annual Salary	9.12% Retire	5.85% Soc.Sec.	16.50X12 Hos.Ins.	Total
MEDICAL DIRECTOR	$35,000.00	$3,192.00	$2,047.50	$198.00	$40,437.50
PROGRAM DIRECTOR	16,000.00	1,459.20	936.00	198.00	18,593.20
ADMINISTRATIVE ASST.	14,000.00	1,276.80	819.00	198.00	16,293.80
RECORDS/LIBRARIAN CLERK	6,000.00	547.20	351.00	198.00	7,096.20
SECRETARY	6,000.00	547.20	351.00	198.00	7,096.20
	$77,000.00	$7,022.40	$4,504.50	$990.00	$89,516.90
EQUIPMENT					N/A
OFFICE SPACE					N/A
MATERIALS AND SUPPLIES					N/A
TRAVEL					6,000.00
			TOTAL		$95,516.90

REMARKS:

It should be noted that the institution's current instruction staff and other part time faculty could be used for the Physician's Assistant Program; thus, no attempt has been made to include this cost in the budget. As indicated in the foregoing paragraphs, teaching hospital department chairmen (clinical experience) and primary care physicians (preceptorships) are not traditionally reimbursed for their professional services.

The total cost of the Medical Director's salary could be reduced by one-half, in the event this individual was only needed on a part time basis or if an arrangement could be made with a physician to continue a family primary care practice in conjunction with his responsibilities as the Medical Director.

AREA TO BE SERVED BY A PHYSICIAN'S ASSISTANT PROGRAM LOCATED AT PITT TECHNICAL INSTITUTE

The rural area to be served primarily by the Pitt Technical Institute Physician's Assistants Program consists of offices of family physicians, clinics, county and private hospitals, county health departments and industries in a thirty-six (36) county (southern boundary the state of South Carolina and the northern boundary being the state of Virginia) area east of I-95 in North Carolina. See Figure I, North Carolina County Outline Map.

The area population in 1970 was 1,428,600; estimated 1975 population 1,563,800; estimated 1980 population 1,647,100 and the estimated 2000 population is 2,032,100. Twenty-five percent of the population is in the age group--birth to 12 years and ten percent of the population is in the age group--60 years plus. The average median family income is $6,284.96. There are 496,142 members of the area population that are economically disadvantaged and black. See Table II, Area Population Data.

AREA TO BE SERVED BY A PHYSICIAN'S ASSISTANT PROGRAM SPONSORED BY PITT TECHNICAL INSTITUTE

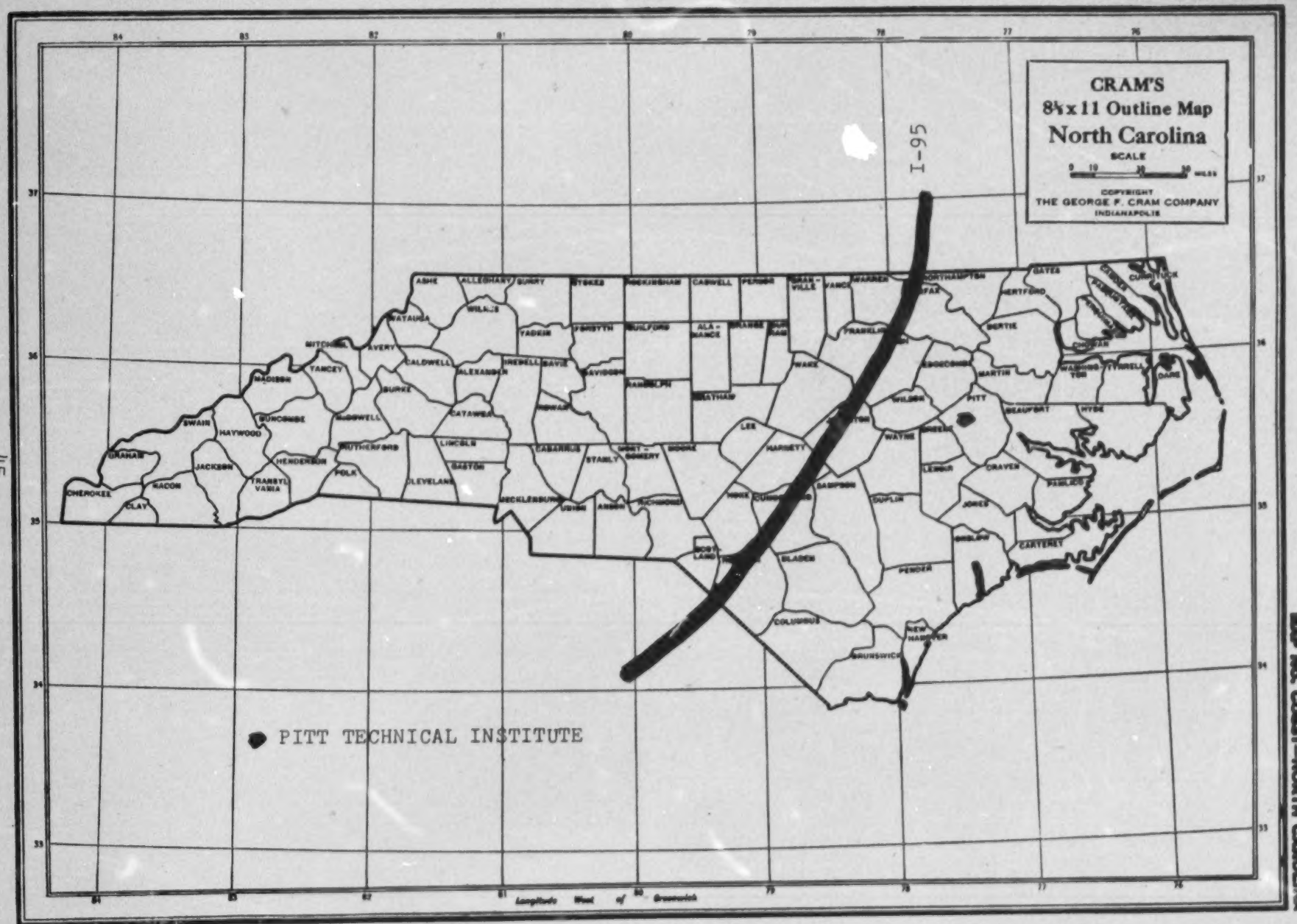

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TABLE II

POPULATION-1970

POPULATION BY AGE

COUNTY	TOTAL	ALL RACES MALE	ALL RACES FEMALE	WHITE MALE	WHITE FEMALE	NEGRO MALE	NEGRO FEMALE	BIR-TO 12	12-59	60-+	MEDIAN AGE	MEDIAN FAMILY INCOME
Beaufort	35,980	17,202	18,778	11,495	12,515	5,695	6,241	8,653	21,134	5,593	29.0	$ 6,435
Bertie	20,528	9,826	10,702	4,238	4,675	5,587	6,026	5,432	11,960	3,136	27.0	4,829
Bladen	26,477	12,957	13,520	7,823	8,204	5,063	5,253	6,758	16,237	3,482	25.9	5,547
Brunswick	24,223	12,054	12,169	8,492	8,288	3,459	3.720	6,493	14,603	3,127	26.4	6,409
Camden	5,453	2,628	2,825	1,656	1,770	969	1,050	1,450	3,165	838	27.7	6,554
Carteret	31,603	15,571	16,032	13,790	14,176	1,731	1,786	7,537	19,765	4,301	28.3	7,156
Chowan	10,764	5,262	5,502	3,035	3,192	2,223	2,303	2,589	6,541	1,634	28.2	6,397
Columbus	46,937	22,808	24,129	15,652	16,365	6,650	7,267	12,082	28,983	5,872	26.3	5,846
Craven	62,554	32,533	30,021	24,707	21,531	7,648	8,258	16,090	40,913	5,551	23.2	7,046
Cumberland	212,042	118,237	93,805	88,421	67,480	26,922	23,690	55,824	145,470	10,748	22.1	7,111
Currituck	6,976	3,479	3,497	2,526	2,603	951	889	1,640	4,121	1,215	31.0	6,428
Dare	6,995	3,403	3,592	3,157	3,330	239	256	1,463	4,220	1,312	33.6	6,536
Duplin	38,015	18,422	19,593	12,241	12,734	6,154	6,839	9,589	23,454	4,972	27.5	5,710
Edgecombe	52,341	25,011	27,330	13,284	14,160	11,703	13,146	14,268	31,665	6,408	25.0	6,359
Gates	8,524	4,260	4,264	1,933	2,035	2,323	2,227	2,140	5,051	1,333	28.8	5,879
Greene	14,967	7,324	7,643	3,900	4,030	3,418	3,611	4,078	9,316	1,573	23.5	5,554
Halifax	53,884	25,977	27,907	13,171	14,087	12,413	13,448	14,297	32,225	7,362	26.4	5,799
Hertford	23,529	11,288	12,241	5,032	5,466	6,232	6,748	6,208	14,200	3,121	26.1	5,912
Hyde	5,571	2,715	2,856	1,604	1,664	1,108	1,191	1,353	3,173	1,045	29.8	4,478
Jones	9,779	4,803	4,976	2,665	2,704	2,136	2,270	2,595	5,950	1,234	25.3	5,400
Lenior	55,204	26,213	28,991	16,737	18,069	9,443	10,887	13,751	35,150	6,303	26.5	7,002
Martin	24,730	11,929	12,801	6,555	7,064	5,368	5,736	6,405	15,274	3,051	26.3	5,711
Nash	59,122	28,345	30,777	18,288	19,705	10,077	11,026	14,926	36,569	7,627	26.8	6,668
New Hanover	82,996	39,667	43,329	30,935	33,016	8,584	10,125	20,389	52,276	10,331	27.8	8,272
Northhampton	24,009	11,912	12,097	4,909	4,909	6,983	7,178	6,170	14,461	3,378	24.4	4,782
Onslow	103,126	63,667	39,459	53,764	32,752	9,163	6,017	24,389	75,067	3,670	21.1	6,471
Pamlico	9,467	4,577	4,890	3,088	3,232	1,481	1,655	2,292	5,586	1,589	29.4	5,761
Pasquotank	26,824	12,987	13,837	8,107	8,520	4,843	5,273	6,609	16,495	3,720	25.9	6,879
Pender	18,149	8,970	9,179	5,030	5,156	3,926	4,000	4,561	10,937	2,651	27.4	5,390
Perquimans	8,351	4,056	4,295	2,367	2,515	1,685	1,779	1,930	4,869	1,552	31.1	5,124
Pitt	73,900	35,304	38,596	23,169	25,033	12,068	13,501	16,988	48,930	7,982	23.9	6,448
Robeson	84,842	40,985	43,857	17,541	18,721	10,258	11,618	24,764	50,901	9,177	22.7	5,675
Tyrrell	3,806	1,838	1,968	1,034	1,119	804	848	924	2,182	700	31.8	4,307
Washington	14,038	6,972	7,066	4,091	4,118	2,878	2,942	3,925	8,468	1,645	24.8	7,177
Wayne	85,408	42,232	43,176	28,499	28,295	13,612	14,738	22,741	53,981	8,686	24.7	6,354
Wilson	57,486	27,637	29,849	17,694	18,595	9,911	11,216	14,622	35,910	6,954	26.2	6,568
TOTAL OTHER RACES						18,714	18,963	365,925	909,802	152,873		
GRAND TOTAL	1,428,600	723,051	705,549	480,630	451,828	242,421	253,721					

Source: U.S. Census Bureau, Volume I, Characteristics of the Population

PHYSICIAN ASSISTANT CANDIDATE RECRUITMENT/PRECEPTORSHIPS

Physician's Assistants candidates should be recruited by Pitt Technical Institute from the thirty-five (35) county rural area of Eastern North Carolina. Preceptorships would be located in the same area; upon completion of the physician's assistant's training, they would be encouraged to join area health teams.

A Physician's Assistant, in collaboration with physician supervisors and other health team members, would be able to:

- identify the health status of the individual and family by taking a complete history, performing a complete physical examination and initiating appropriate diagnostic and screening tests.
- through the above process, identify a patient problem list and accompanying series of plans for management and intervention.
- through the above two processes differentiate abnormal from normal findings and identify those which require a physicians expertise.
- assist in the clinical management and continuing care of the patient and family for acute, chronic conditions.
- determine the need in the management of a health problem for referral to a physician, another member of the health team or an agency and be aware of the appropriate resource to which to refer.
- coordinate the patient's care by correlating the pertinent clinical and social information.
- to provide counseling, guidance and health instruction to the individual and family.

- examine the health problems of the patients as they may relate to the family structure and emerging community health problems and participate in initiating appropriate intervention through community action.

EXPECTED AFFECTS OF A PHYSICIAN'S ASSISTANT PROGRAM AT PITT TECHNICAL INSTITUTE

According to Table III, entitled "1970-2000 Patient-Physician Ratio, Present and Projected", as of 1975, there was a need for 1,446 additional physicians in Eastern North Carolina, to meet the national average of one physician for each 653.9 inhabitants in the South Atlantic States. Based upon a formula of utilizing one physician assistant for each three medical doctors, there is an immediate need for 482 Physician's Assistants in Eastern North Carolina. Excluding industry, colleges and universities, there is an additional need for thirty-six Physician's Assistants to be employed by County Health and Mental Health Departments or a total immediate need for 518 trained individuals. Table IV, reflects the physician distribution by county.

Currently there are five (5) Physician's Assistants actively practicing with a health team in the service area.

During conversations between the Project Director and many primary care physicians, hospital administrators and specialists in the area, the physician assistant concept was well received.

However, it should be noted that many primary care

1970 - 2000
PATIENT - PHYSICIAN RATIO, PRESENT, AND PROJECTED

	1970*			1975*			1980*		2000*	
	POP.	NO. PHY. ON HAND	NO. ADD. PHY. NEEDED	POP. EST.	NO. PHY. ON HAND	NO. ADD. PHY. NEEDED	POP. EST.	NO. ADD. PHY. NEEDED	POP. EST.	NO. ADD PHY. NEEDED
Beaufort	35,980	28	27	41,900	28	36	45,000	41	57,000	59
Bertie	20,528	5	26	23,000	5	30	23,000	30	25,000	33
Bladen	26,477	12	36	26,600	12	29	26,000	28	30,000	34
Brunswick	24,223	11	26	23,400	11	25	25,000	27	32,000	38
Camden	5,453	1	7	5,500	1	7	5,500	7	5,800	8
Carteret	31,603	21	27	33,300	21	30	35,000	33	45,000	48
Chowan	10,764	8	8	12,100	8	11	12,500	11	14,000	13
Columbus	46,937	20	52	53,400	20	62	56,000	66	62,000	75
Craven	62,554	48	48	74,900	48	67	82,000	77	110,000	120
Cumberland	212,042	161	163	212,000	161	164	230,000	191	310,000	313
Currituck	6,976	2	9	7,300	2	9	7,300	9	7,500	10
Dare	6,995	3	8	6,300	3	7	6,500	7	7,000	9
Duplin	38,015	12	46	43,300	12	54	45,000	57	52,000	66
Edgecombe	52,341	26	54	58,300	26	64	60,000	66	75,000	89
Gates	8,524	2	11	9,800	2	13	9,800	13	10,000	13
Greene	14,967	1	22	18,100	1	27	19,000	29	21,000	31
Halifax	52,884	30	52	65,100	30	70	68,000	74	78,000	90
Hertford	23,529	18	18	27,000	18	41	27,000	23	29,000	26
Hyde	5,571	1	7	5,600	1	8	5,700	8	5,800	8
Jones	9,779	3	12	12,500	3	16	13,000	17	13,000	17
Lenior	55,204	54	31	63,100	54	43	65,500	46	75,000	61
Martin	24,730	12	26	28,900	12	32	30,000	34	35,000	42
Nash	59,122	47	44	70,700	47	61	75,000	68	95,000	98
North Hampton	24,009	9	28	25,200	9	11	25,000	29	27,500	33
New Hanover	82,996	127	0	91,500	127	13	100,000	26	150,000	103
Onslow	103,126	36	122	92,800	36	106	95,000	109	100,000	117
Pamlico	9,467	2	13	9,800	2	13	10,000	13	14,000	19
Pasquotank	26,824	32	9	25,000	32	36	25,000	6	27,000	10
Pender	18,149	4	24	19,400	4	26	20,000	28	25,000	34
Perquimans	8,351	1	12	9,700	1	14	10,000	14	12,000	18
Pitt	73,900	70	43	78,600	70	50	82,000	55	100,000	83
Robeson	84,842	56	74	95,200	56	90	98,000	94	110,000	112
Tyrrell	3,806	2	4	4,600	2	5	4,800	5	5,000	5
Washington	14,038	8	14	15,600	8	16	16,500	17	19,500	22
Wayne	85,408	56	75	110,700	56	113	123,000	132	165,000	197
Wilson	57,486	50	38	63,400	50	47	66,000	50	83,000	77
TOTALS	1,428,[illegible]	979	1,216	1,563,800	979	1,446	1,647,100	1,538	2,032,100	2,131

*REMARKS:

Population estimates obtained from North Carolina Population Projections developed by The North Carolina Social Sciences Advisory Committee, July, 1968.

Number of Physicians in each County obtained from State Board of Medical Examiners, North Carolina State Medical Society, AMA Directory of MD's and city telephone books.

Method of determining number of Physicians needed per County based upon the national average of one Physician per 653.9 individuals, distribution of Physicians in the United States, 1973, South Atlantic, American Medical Association. Estimated number of Physicians on hand after 1980 and 2000 would not change dramatically due to deaths and retirements according to the Health Services Research Center (Cooperative Health Information System) Chapel Hill, N. C.

TABLE IV
PHYSICIAN DISTRIBUTION BY COUNTY

	BEAUFORT	BERTIE	BLADEN	BRUNSWICK	CAMDEN	CARTERET	CHOWAN	COLUMBUS	CRAVEN	CURRITUCK	DARE	DUPLIN	EDGECOMBE	GATES	GREENE	HALIFAX	HERTFORD	HYDE	JONES	LENOIR	MARTIN	NASH	NEW HANOVER	NORTHAMPTON	ONSLOW	PAMLICO	PASQUOTANK	PENDER	PERQUIMANS	PITT	SAMPSON	TYRRELL	WASHINGTON	WAYNE	WILSON	TOTAL
Allergy																				2			1													3
Anesthesio.									1											2		1	2		1					2				1	1	11
Cardio.Dis.																						1	3		1											5
Dermatology									1											1		1	3							2				1	2	11
FAMILY PRAC.	3		2	1		1	1	1	3		3	2	2		1	3	3			1		2	2		5			2		11	3		2	3	4	62
Gastroenter.																																			1	1
Gen. Prac.	2	4	7	5	1	7	4	12	5	2		6	4	1	1	9	6	1	1	9	7	11	9	9	8	2	6	2		11	8	1	2	14	71	184
Gynec.																				1																1
Int. Med.	5		1	2		2	2	2	4			3	5			4	2		3	6	1	8	15		1		3		1	5	2		1	3	9	90
Nephro.																	1												1							2
OB/GYN	3			1			1		5				2			3				6		5	18		4		5			5	1			3	4	66
Occup. Med.																				1			3													4
Ophthalmo.	2								2				1			1				2		2	7				2			3	1			3	2	28
Opth/Oto/Rhi						1			2							1				1					1		1							1		8
Otorhinol.																						1	5		1		1			3				3	14
Pathology	1					1			2				1							1		2	4		2		1			2				2	2	21
Pediatrics	2					3	1		5				1			1				6	1	5	13		1		4			3	1		1	3	5	56
Psychiatry	2								1				1			1				2			2		1		1			5				5		21
Psych.Neuro.									1														2													3
Pub.Health	1							1	1		1											1	1		1					1	1				1	10
Pul.Dis.																														1						1
Radiology	2					2		1	1							3	1			2		2	7		3		1			1	1			3	2	32
Rad.Diag.				1		1			1			1				1											1			1						7
Surg.Abd.																																				
Surg.Gen.	4	1	2	1		6	1	3	6			2	4			3	2			6	2	5	12		2		4			5	3		1	9	6	90
Surg.Neuro.																							2							2						4
Surg.Orth.	1								4		1		1							6			8		2		1			4				2	3	32
Surg.Plas.									1														2							1						4
Surg.Thor.									1																		1									2
Surg.Urol.	1					2			2							1				2		3	5		2		1			3	1		3		2	28
Other																																				
Not Known																																				
TOTAL	29	5	12	11	1	26	10	20	49	2	5	14	22	1	2	30	16	1	4	57	11	50	126	9	36	2	33	4	1	72	22	1	10	53	54	800
Questionable	(-)										-1																									-1
ADJUSTED TOTAL	29	5	12	11	1	26	10	20	49	2	4	14	22	1	2	30	16	1	4	57	11	50	126	9	36	2	33	4	1	72	22	1	10	53	54	799

Source: East Carolina University School of Medicine 2/10/76

physicians in rural Eastern North Carolina have practiced in their particular location for many years; have not particularly kept up with all of the new health care concepts; and are in some cases working with limitations, such as inadequate up-to-date equipment. Due to either their age or other interests, some of these physicians do not maintain full, regular office hours. This segment of the primary care physician category will need considerable personal contact by health team members to accept new health concepts including the Physician's Assistant Program. It has been reported that appropriate East Carolina University Departments are already working in this direction.

Based on the foregoing statements, the Project Director determined that it was not appropriate to survey practicing primary care physicians in this feasibility study.

CONCLUSIONS

1. A type A Program (extensive training in general medical theory and clinic practice) as described by the National Academy of Sciences, would best serve the health needs of Eastern North Carolina.

2. A fully accredited Physician's Assistants Program can be offered by a community college or technical institute in North Carolina.

3. A Physician's Assistant curriculum should consist of twenty-four consecutive months. The program should consist of nine months pre-clinical courses in basic medical sciences followed by fifteen months of clinical work.

4. Additional courses, i.e., human sexuality, death and dying, community resources, and counseling should be included in the curriculum.

5. Required space requirements for twenty, first year and twenty, second year students include: one general classroom, one laboratory for students learning clinical skills, and one laboratory for students learning clinical laboratory skills.

6. Students need the availability of a medical library and a mini-media facility with appropriate audiovisual equipment.

7. The period July 1, 1976 to June 30, 1977, should be utilized for curriculum development and accreditation proceedings.

8. The first Physician's Assistant students should not be accepted until after all curriculum development has been completed and preliminary accreditation has been accomplished.

9. A Physician's Assistant Program sponsored by Pitt Technical Institute should be designed to serve Eastern North Carolina.

10. A Physician's Assistant Program sponsored by Pitt Technical Institute should be affiliated with as many neighboring accredited hospitals as practicable, in addition to the East Carolina University School of Medicine, Greenville, North Carolina.

11. Physician's Assistants would be employed by primary care physicians, clinics, county health units, hospitals, and industries throughout the thirty-six county area of Eastern North Carolina. According to the available 1975 statistical data none of the thirty-six counties in the proposed Pitt Technical Service Area meet the national average of one physician for 653.9 inhabitants.

12. That the Physician's Assistant Program Curriculum,

(self study-self tutorial) developed under North Carolina and Federal Grants, by the Bowman Gray School of Medicine, Wake Forest University, Winston-Salem, North Carolina, is nationally recognized and therefore, their material is available to interested institutions, an excellent source for program development by Pitt Technical Institute.

13. Currently there are five (5) Physician's Assistants approved by the North Carolina Board of Medical Examiners to practice in the proposed service area.

14. There is an immediate need for more than four hundred Physician's Assistants in Eastern North Carolina.

15. The Physician's Assistant Program staff should consist of a medical doctor as the Medical Director, and a Program Director who meets the requirements specified by the sponsoring institution providing the didactic portion of the educational program

16. Additional Physician's Assistant Program (administrative) staff would include an Administrative Assistant/Field Representative, Records/Librarian - Mini-Media, and Secretary.

17. Faculty must be qualified, through academic preparation and experience, to teach the subjects assigned.

18. Faculty for a Physician's Assistant Program

would be employed as part time faculty.

19. Traditionally, teaching hospital department chairmen as well as primary care physicians preceptors, do not receive reimbursement for their instruction and supervision during the clinical portion of the Physician's Assistant Program.

RECOMMENDATIONS

1. That Pitt Technical Institute proceed with the recommendations of the Physician's Assistant Advisory Committee, which are indicated below:

a. Proceed with program implementation, to include curriculum development, and the employment of a Physician's Assistant as the Program Director and Assistant Medical Director during Fiscal Year 1976-1977.

b. Employment of a medical doctor as the Medical Director of the Program and the acceptance of ten students during Fiscal Year 1977-1978.

c. Increase the number of students for the Fall of 1978 to a maximum of twenty students and each year thereafter.

2. That affiliation agreements be completed with the appropriate neighboring hospitals and the East Carolina University School of Medicine.

3. That accreditation proceedings be initiated immediately with the North Carolina Department of Community Colleges and the American Medical Association.

4. That the service area for the proposed program at Pitt Technical Institute include all of Eastern North Carolina.

5. That Physician's Assistants candidates from Eastern North Carolina receive first priority in the recruitment of students and admission.

6. That all Physician's Assistant preceptorships be located in Eastern North Carolina.

7. That every effort be made to utilize current Pitt Technical Institute faculty and other part time faculty for the didactic portion of the program.

8. That all available materials currently being used by the Physician's Assistant Program, Bowman Gray School of Medicine, Winston-Salem, North Carolina, be obtained and utilized in a PA Program at Pitt Technical Institute.

9. That all members of the Pitt Technical Institute Physician's Assistant Advisory Committee be requested to continue to serve during Fiscal Year 1976-1977 to assist the Director in continuing program development and evaluation.

10. That certain additional members be appointed to the Advisory Committee in order that this committee might meet all of the requirements of the American Medical Association.

PITT TECHNICAL INSTITUTE
PHYSICIAN'S ASSISTANTS PROGRAM
Application for Admission

APPENDIX I

Application is not complete unless Wallet Size Photo is attached here

1. Name _____
Last First Middle Maiden

2. Social Security Number _____

3. Date of Birth _____ 4. Sex ___ Male _____ Female ____

5. Year Applying for _____ 6. Have you ever applied to the program before? _____ When ? _____

7. Permanent Address _____
Number and Street

_____
City State County Zip Phone

8. Present Address _____
Number and Street

_____
City State County Zip Phone

9. Marital Status ____Single ____Married ____Widowed _____Separated _____Divorced

10. Number of Dependents _____ Ages _____

11. Citizenship ____U.S. _____Other 12. Permanent Residence _____ N.C. _____Other

13. Name of Parents _____

Address _____

14. List all serious illnesses, operations, and physical disabilities ____

_____

15. Do you plan to apply for Financial aid? ____Yes ____No

16. High School:

Name _____ Dates _____

List all Colleges attended:

_____
Name and Location From To Degree Major

_____
Name and Location From To Degree Major

_____
Name and Location From To Degree Major

List all professional and other schools:

Name and Location	Major	Dates
Name and Location	Major	Dates
Name and Location	Major	Dates

16. Military Service:

Classification _____ Military Occupational Specialty _____

Type Discharge _____ Dates of Service ___To_____

Current Military Status _____ Applying for GI Benefits? ___Yes ___No

17. List any health related employment experience you have had: (List most current, first)

Position	From: Mo & Yr	To: Mo & Yr	Duties
Position	From: Mo & Yr	To: Mo & Yr	Duties
Position	From: Mo & Yr	To: Mo & Yr	Duties
Position	From: Mo & Yr	To: Mo & Yr	Duties

18. Present Occupation _____

Name of Employer _____

Address _____ Phone _____

19. List all other employment you have had:

Position	From: Mo & Yr	To: Mo & Yr	Duties
Position	From: Mo & Yr	To: Mo & Yr	Duties
Position	From: Mo & Yr	To: Mo & Yr	Duties
Position	From: Mo & Yr	To: Mo & Yr	Duties

20. List three names of people not related to you from whom recommendations may be obtained.

72

Name _____

Address _____

Title _____ Phone _____

Name _____

Address _____

Title _____ Phone _____

Name _____

Address _____

Title _____ Phone _____

21. Why do you want to become a Physician's Assistant ? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

This application must be completed and returned to the Physician's Assistants Program, Pitt Technical Institute, P. O. Box 7007, Greenville, N. C. 27834 no later than _____.

NOTE: For an application to be complete it must contain a completed application form with a photograph attached; three completed reference forms; transcripts from all schools and colleges attended; ACT or SAT scores. All information must be received by _____. It becomes the property of the Physician's Assistants Program and will not be returned.

I hereby certify that all of the above information is true and accurate to the best of my knowledge and understand that the Physician's Assistants Program reserves the right to compel the withdrawal of any student who knowingly provides false information for admission or whose conduct at any time is not satisfactory to the Physician's Assistants Program or Pitt Technical Institute.

_____ Date _____
Applicant's Signature

APPENDIX II

Interviewing Scoring Form

Name of Interviewer _____
Last First

Candidate's Name _____
Last First

For each factor to be rated select a point along the continum scale which most nearly evaluates the candidate's behavior. Rate each factor without reference to any other. There are two ratings. The first is to be done independently by each interviewer without consultation. The second rating is to be done after consultation and discussion among the interviewers.

Rate each factor according to the following scale. Decimals may be used if it is felt a candidate's behavior lies between two points on the scale (e.g., 2.5, 0.5, etc.)

3 = outstanding

2 = good

1 = fair

0 = unsatisfactory

Factors	First Rating	Second Rating	DO NOT MARK THIS COLUMN
1. Ability to organize ideas and express one's self			
2. Program expectations of the candidate			
3. Adaptability to new situations			
4. Ability to relate to others and use supervision			
5. Motivation			
6. Credibility			

APPENDIX III

DRUG LIST - N. C. PHYSICIAN'S ASSISTANTS

ACETAMINOPHEN (TYLENOL, TEMPRA, ETC.)
Tablet: 325 mg
Drops: 10 mg/ml
Liquid: 120 mg/5 ml
Suppositories: 120 mg

ACTIFIED
Table: 2.5 mg Triprolidine
60 mg Pseudoephedrine
Syrup: 1.25 mg/5 ml Triprolidine
30 mg/5 ml Pseudoephedrine

ALLOPURINOL (ZYLOPRIM)
Tablet: 100 mg, 300 mg

ALUMINUM HYDROXIDE (AMPHOGEL)
Gel: 1.2 gm/ 30 ml

AMINOPHYLLINE
Tablet: 100 mg/200 mg
Suppositories: 250 mg, 500 mg
Injection: 250 mg/10 ml ampul

AMPICILLIN
Capsule: 250 mg, 500 mg
Suspension: 125 mg, 250 mg/5ml

ANUSOL
Suppositories: 2.5% Bismuth Subgallate
1.75% Bismutn Resorcin
11% Zinc Oxide
1.2% Benzoyl Benzoate
1.8% Cocoa Butter

ARISTOCORT
Ointment
Cream

ASPIRIN
Tablet: 75 mg and 325 mg
Suppositories: 120 mg
Capsules: 325 mg
E.C. Tablet: 325 mg

ASPIRIN, BUFFERED (BUFFERIN)
Tablet: 324 mg Aspirin
49 mg Alum. Glycinate
97 mg Mag. Carbonate

AVC
Cream
Suppositories

BETHANECHOL (URECHOLINE)
Tablet: 10 mg

BISACODYL (DULCOLAX)
Suppositories: 10 mg

CAFERGOT
Tablet: 1 mg Ergofamine Tartrate
100 mg Caffeine

CALCIUM CARBONATE (TITRALAC)
Liquid: 1 gm/5 ml
300 mg of Glycine/5 ml

CEPACOL
Lozenges: 1:1500 Cetylpyridinium
Mouthwash: 1:2000 Cetylpyridinium and 14% alcohol

CEPHALEXIN (KEFLEX)
Capsules: 250 mg, 500 mg
Solution: 125 mg/5 ml

CHLORPHENIRAMINE (CHLOR-TRIMETON)
Tablet: 4 mg, 8 and 12 mg
sustained release
Capsule: 4 mg, 8 and 12 mg
sustained release
Syrup: 2.5 mg/5 ml

CHLORPROPAMIDE (DIABINESE)
Tablet: 100 mg
250 mg

CHLORTHALIDONE (HYGROTON)
Tablet: 50 mg, 100 mg

COLCHICINE
Tablet: 0.6 mg

CORTISPORIN OPHTHALMIC SOLUTION

CORTISPORIN OTIS SOLUTION

DARVOCET-N 100
Tablet: 100 mg Propoxyphene Napsylate
650 mg Acetaminophen

DIMETAPP
Sustained Release Tablet: 12 mg Brompheniramine
15 mg Phenylpropanolamine

Elixir: 4 mg/5 ml Brompheniramine
5 mg/5 ml Phenylephrine
5 mg/5 ml Phenylpropanolamine

DIOCTYL SODIUM SULFOSUCCINATE (COLACE)
Capsule: 100
Liquid: 1% (50 mg/5 ml)

DIPHENYHYDRAMINE (BENADRYL)
Capsule: 25 mg and 50 mg
Elixir: 12.5 mg/5 ml
Injection: 50 mg/ml

DONNATAL
Tablet: 16.2 Phenobarbital
0.137 mg Hysocyamine
1.0194 mg Atropine
0.0065 mg Myoscine
Elixir: each 5 ml contains same as one tablet plus
25% alcohol

DYAZIED
Capsule: 50 mg Triamterene
25 mg Hydrochlorothiazide

EPINEPHRINE
Injection: 1:1000, 1 ml Ampules
Injection Suspension: 1:200 1 ml Ampul

ERYTHROMYCIN (E-MYCIN)
Tablet: 250 mg

ERYTHROMYCIN ETHYLSUCCINATE (ERYTHROCIN)
Suspension: 200 mg/5 ml

GLYCERIN
Suppositories: Adult and Pediatric

GLYCERYL GUAIACOLATE (2G, ROBITUSSIN)
Liquid: 100 mg/5 ml

GLYCERYL GUAIACOLATE WITH DEXTROMETHORPHAN
Liquid: 100 mg/5 ml Glyceryl Guaiacolate
15 mg/5 ml Extromethorphan

GLYCOPYRROLATE (ROBINUL)
Tablet: 1 mg

HYDROCHLOROTHIAZIDE (HYDRODIURIL, ESIDRIX, ORETIC)
Tablet: 25 mg, 50 mg

HYDROCORTISONE
Suppositories: 10 mg
Ointment: 1%
Cream: 1%

IBUPROFEN (MOTRIN)
Tablet: 400 mg

INDOMETHACIN (INDOCIN)
Capsule: 25 mg

INSULIN, LENTE
Vial: U-100 in 10 ml

INSULIN, NPH
Vial: U-100 in 10 ml

INSULIN, SEMI-LENTE
Vial: U-100 in 10 ml

IPECAC SYRUP

ISOPANOIC ACID (TELEPAQUE)
Tablet: 500 mg (in pkgs. of 6 tablets)

ISOPROTERENOL (ISUPREL)
Solution: 1:200, 60 ml bottle

KAOLIN/PECTIN (KAOPECTATE)
Suspension: 5.8 gm per 30 ml Kaolin
130 mg per 30 ml Pectin

KWELL

MAGALDRATE (RIOPAN)
Suspension: 2.4 gm/30 ml
Tablet: 400 mg per tablet

MAGNESIUM HYDROXIDE-ALUMINUM HYDROXIDE (MAALOX)
1.14 gm Magnesium Hydroxide per 30 ml
0.66 gm Aluminum Hydroxide per 30 ml

MAGNESIUM HYDROXIDE, ALUMINUM HYDROXIDE AND SIMETHICONE (MYLANTA)
Suspension: 1.2 gm Magnesium per 30 ml
1.2 gm Aluminum Hydroxides per 30 ml
120 mg of Simethicone per 30 ml
Tablet: 200 mg Magnesium per tablet
200 mg Aluminum Hydroxides per tablet
20 mg Simethicone per tablet

MECLIZINE (ANTIVERT: BONINE)
Tablet: 12.4 and 25 mg

METAPROTERENOL (ALUPENT)
Aerosol Inhalant: 650 mcg/dose, 15 ml container

METHENAMINE MANDELATE (MANDELAMINE)
Tablets: 250 mg, 500 mg, 1000 mg
Suspension: 250 mg/5 ml, 500 mg/5 ml

METHYLDOPA (ALDOMET)
Tablet: 250 mg

METHYLPREDNISOLONE ACETATE (DEPO-MEDROL)
Injection: 20 mg/ml
40 mg/ml
80 mg/ml

METHRONIDAZOLE (FLAGYL)
Tablet: 250 mg

MILK OF MAGNESIA
Liquid: 2.5 mg/30 ml Magnesium Hydroxide

MINERAL OIL

NEOSPORIN OINTMENT

NEOSPORIN OPTHALMIC SOLUTION

NEOSPORIN OTIC SOLUTION

NITROFURANTOIN (FURANDANTIN, MACRODANTIN)
Capsule: (Macrodantin) 25 mg, 50 mg, 100 mg
Suspension: 25 mg/5 ml

OXTRIPHYLLINE (CHOLEDYL)
Elixir: 1-0 mg (Equivalent to 64 mg theophylline) 5 ml

OXYMETAZOLINE (AFRIN)
Spray Bottle: 0.05% in 15 ml
Dropper Bottle: 0.05% in 30 ml

PARAFON FORTE
Tablet: 250 mg Chlorzoxazone
325 mg Acetaminophen

PENICILLIN G BENZATHINE (BICILLIN L-A)
Injection: 300,000 units/ml and
600,000 units/ml in vitals and tubex units

PENICILLIN G PROCAINE (WYCILLIN)
Injection: 600,000 units/ml in 1 ml, 2 ml and 4 ml Tubexes

PENICILLIN V (PENN-VEE K, VEETIDS, V-CILLIN K)
Tablet: 125 mg, 250 mg, 500 mg
Solution: 125 mg/5 ml, 250 mg/5 ml

PHENZAOPYRIDINE (PYRIDIUM)
Tablets: 100 mg, 200 mg

PHENYLBUTAZONE (BUTAZOLIDIN)
Tablet: 100 mg
300 mg

PHENYLPROPANOLAMINE (PROPADRINE)
Capsule: 25 mg, 500 mg
Elixir:

PHISOHEX

PHOSPHATE ENEMA (FLEETS ENEMA)
Solution: 5% Sodium Posphate
15% in 135 ml Sodium Biphosphate

PHOSPHATE ORAL (FLEETS PHOSPHO-SODA)
Solution: 18% Sodium Phosphate
48% Sodium Biphosphate

POTASSIUM IODIDE (SSKI)
Saturated Solution: 1 gm/ml

PREDNISOLONE
Tablet: 5 mg

PROBENECID (BENEMID)
Tablet: 500 mg

PROMETHAZINE (PHENERGAN)
Tablet: 25 mg
Syrup: 6.25 mg/5 ml
Suppositories: 25 and 50 mg
Injection: 25 mg/ml in 1 ml Ampul

PROPOXYPHENE HCI
Capsule: 65 mg

PROPOXYPHENE NAPSYLATE
Tablet: 100 mg

PSEUDOEPHEDRINE (SUDAFED)
Tablet: 30 mg, 60 mg
Syrup: 30 mg/5 ml

PSYLLIUM HYDROPHILIC MUCILOID (METAMUCIL)

PYRANTEL PAMOATE (ANTIMINTH)
Suspension: 250 mg/5 ml

REGROTON
Tablet: 0.25 mg Reserpine
50 mg Chlorthalidone

RESPERINE (SERPSIL)
Tablet: 0.1 mg
0.25 mg

SELSUN LOTION

SENNA CONCENTRATE (SENOKOT)
Suppositories

SENNA EXTRACT (Z-PREP)
Liquid

SIMETHICONE (MYLICON)
Chewable Tablets: 40 mg

SODIUM CHLORIDE (NORMAL SALINE)
Nasal Solution: 0.9% in 15 ml and 30 ml dropper bottles

SPIRONOLACTONE (ALDACTONE)
Tablet: 25 mg

SULFONAMIDES
Sulfixoxazole and Trimethoprim (Bactrim, Septra)
Tablet: 400 mg Sulfamethoxazole
80 mg Trimethoprim

TERBUTALINE (BRETHINE, BRICANYL)
Tablet: 5 mg

TETRACYCLINES
Capsule: 250 mg, 500 mg
Suspension: 125 mg/5 ml

TOLBUTAMIDE (ORINASE)
Tablet: 500 mg

TRIPLE SULFA CREAM

XYLOMETAZOLINE (OTRIVIN)
Dropper Bottle: 0.05% (Ped.) in 30 ml
Spray: 0.1% in 15 ml and 30 ml dropper bottle

DEC 77 765